

SOUTHERN HILLS UNITED METHODIST CHURCH
YOUTH MINISTRIES ANNUAL PERMISSION/MEDICAL FORM

Student Name _____ **Date** _____

I. Permission

_____ (print student's name) has my permission to participate in on campus activities (2356 Harrodsburg Rd. Lexington, KY 40503), field trips, and events off of church property scheduled by Southern Hills United Methodist Church Youth Ministry. I understand that on these trips, the appropriate number of adult counselors will be present.

II. Background Information

Parent/Guardian name(s): _____

Address: _____
(Street) (City) (Zip Code)

Parent Email: _____ Parent Phone# _____ cell or home
(please circle)

Student Email: _____ Student Phone# _____ cell or home
(please circle)

III. Medical Authorization

My student has the following physical, mental, or emotional conditions about which the adult counselors or medical professionals need to know:

My student is taking the following medications:

My student has the following allergies:

What was the date of your student's last tetanus shot? Month _____ Year _____

Is your student capable of monitoring medication schedule him/herself? **yes or no**

If no, please include detailed instructions for the adult counselor (attach a separate sheet or original prescription label if needed)

Medical attention for my student is covered under the following insurance policy:

Ins. Co. Name: _____

Policy #: _____

Policy # Holder's name: _____

Preferred Hospital : _____

